Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7. Boiles in e.		R	
		MHL033-058	B. WING		10/08/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
WAY FARER COURT			FARER COU IOUNT, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	An Annual and follow up survey was completed on 10/8/18. Deficiencies were cited. This facility is licensed for the following service					
	category: 10A NCAC 27G .5600C Supervised Living for Developmental Disabled Adults					
V 108	27G .0202 (F-I) Personnel Requirements		V 108			
	10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff					
	including seizure m to provide cardiopu trained in the Heim techniques such as the American Heart equivalence for relii (i) The governing b implement policies reporting, investiga	ained in basic first aid anagement, currently trained Imonary resuscitation and lich maneuver or other first aid those provided by Red Cross, Association or their eving airway obstruction. Body shall develop and and procedures for identifying, ting and controlling infectious diseases of personnel and				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED	
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		MHL033-058	B. WING			8/2018	
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V 108	Continued From pa	ge 1	V 108				
	clients.						
	failed to ensure 2 o were trained in first resuscitation (CPR) Review on 10/8/18 website it revealed: - "taken entirely include the opportus kill proficiency to a therefore may not n workplace safety cerealed: - hire date 5/21/1- - an American Re- "has successful."	view and interview the facility f 5 audited staff (#1 & #4)) aid and cardiopulmonary i. The findings are: of the American Red Cross y online, these courses do not nity for your to demonstrate a certified instructor, and neet requirements for ertification" of staff #1's personnel record l8 ed Cross certificate lly completed requirements for					
	yearcompleted 5/	R/AED Online: valid 2 30/18" of staff #4's personnel record					
	revealed: - hire dated 10/1 - an American Ro - "has successfu	9/17 ed Cross certificate Ily completed requirements for R/AED Online: valid 2					
	Professional report	10/8/18 the Qualified ed: en the online First Aid/CPR					

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DIVISION	of Health Service Re	guiation				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL033-058	B. WING		F 10/0	8/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AN	DESS CITY S	STATE, ZIP CODE	•	
NAME OF I	NOVIDEN ON SOIT EIEN		FARER COU	,		
WAY FAF	RER COURT		OUNT, NC			
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V 108	provides different m - at the end of the	standing the online course nodules to complete e online programit notifies a	V 108			
V 118	- at the end of the online programit notifies a person if they passed or failed 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administering the drug. (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR		V 118			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED	
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V 118	Continued From pa	ge 3	V 118				
	interview the facility were administered physician for one of are: Review on 10/4/18 - admitted to the	on, record review and refailed to ensure medications on the written order of a four clients (#3). The findings of client #3's record revealed: facility on 10/1/08					
	 diagnoses of Seizure Disorder and Mild Intellectual Developmental Disabilities FL2 dated 7/26/18: Xanax 25mg (PRN) as needed (used to treat anxiety) & ProAir 2 puffs every 2 hours PRN (can prevent brochospasms) 						
	medication box revo	4/18 at 12:17pm of client #3's ealed: ro-Air inhaler that was filled on					
	September and Oct	of client #3's August, tober 2018 MAR revealed: ications were not listed on the					
	Manager (RM) report he came to the Fridays he completed a consisted of checking medications he thought the discontinued	10/4/18 the Residential orted: facility on Mondays and "med cart check" which ng the MARs, expired ProAir inhaler had been 10/4/18 the facility's					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
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V 118	Continued From pa	ge 4	V 118				
V 118	Registered Nurse (I - she came to the - she completed consisted of review - the RM informed discontinued in May - she did not notion the MARs During interview on Professional reporte - both medication - she transcribed last MAR - staff are supported to the pharmate been discontinued - the ProAir inhall back to the pharmate [This deficiency corrections of the complete correction of the complete correction of the pharmate correction of the pharmate correction of the correctio	RN) reported: e facility twice a month a "med cart check" which ing the MARs ed her the inhaler was y 2018 Ice the Xanax was not listed 10/8/18 the Qualified ed: ns had been discontinued If the FL2's by looking at the sed to send a discontinued acy once a medication had ler will be packaged and sent	V 118				

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